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Approved for use through 09/30/2007. OMB 0651-0031

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Application Number 10/752,134-Conf. #3921

8-14-7

|                    |                      | 10/702,104 00111. #0021 |   |
|--------------------|----------------------|-------------------------|---|
| <b>TRANSMITTAL</b> | Filing Date          | January 6, 2004         |   |
| FORM               | First Named Inventor | Abbas A. Alahyari       | • |
|                    | Art Unit             | 3744                    | • |
|                    | Examiner Name        | W E Tapologi            |   |

(to be used for all correspondence after initial filing)

Attorney Docket Number 1213\_018 Total Number of Pages in This Submission

| ENCLOSURES (Check all that apply) |   |  |         |  |  |
|-----------------------------------|---|--|---------|--|--|
| x Fee Transn                      | nittal Form                                 | Drawing(s)   |         | After Allowance Communication to TC                              |  |
| Fee A                             | Attached                                    | Licensing-related Papers                                       |         | Appeal Communication to Board of Appeals and Interferences       |  |
| Amendmen                          | nt/Reply                                    | Petition   |         | X Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |
| After                             | Final                                       | Petition to Convert to a Provisional Application               |         | Proprietary Information  |  |
| Affida                            | avits/declaration(s)                        | Power of Attorney, Revocation<br>Change of Correspondence Addr | dress   | Status Letter  |  |
| Extension of                      | of Time Request                             | Terminal Disclaimer  |         | X Other Enclosure(s) (please Identify below):                    |  |
| Express Ab                        | pandonment Request                          | Request for Refund   |         | Return Mailroom Postcard   |  |
| Information                       | Disclosure Statement                        | CD, Number of CD(s)  |         |  |  |
| Certified Co                      | opy of Priority<br>s)                       | Landscape Table on CD  | ,       |  |  |
|                                   | issing Parts/<br>Application                | Remarks  |         |  |  |
|                                   | y to Missing Parts under<br>FR 1.52 or 1.53 | 0  |         |  |  |
|                                   |   |  |         |  |  |
|                                   |   |  |         |  |  |
| <u> </u>                          | SIGNAT                                      | JRE OF APPLICANT, ATTORNE                                      | EY, OR  | AGENT  |  |
| Firm Name                         | MARJAMA MULDO                               | ON BLASIAK & SULLIVAN LLI                                      | _P      |  |  |
| Signature                         | Will fr.                                    | Hobert   |         |  |  |
| Printed name                      | William W. Habelt                           |  |         |  |  |
| Date                              | August 13, 2007                             | Reg  | eg. No. | 29,162   |  |
|                                   |   |  |         |  |  |

| Transi | mittal |
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|--------|--------|

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM047974631US, on the date shown below in an envelope addressed to:

MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Ma. 22313-1450.

Dated: August 13, 2007

PTO/SB/17 (05-07)
Approved for use through 05/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Complete if Known

| Effective on 12/0  | 08/2004.                   |             |                                      |                                       | lete if Know            |              |              |
|--|----------------------------|-------------|--------------------------------------|---------------------------------------|-------------------------|--------------|--------------|
| Fees pursuant to the Consolidated Appr   | opriations Act, 2005 (F    | I.R. 4818). | Application Nun                      | nber 10                               | )/752,134-Co            | nf. #3921    |              |
| FEE TRANS  | SMITTAL                    | _           | Filing Date                          | <del></del>                           | nuary 6, 200            |              |              |
| For FY 2   |                            | _           | First Named Inv                      |                                       | obas A. Alahy           |              |              |
| FOI F I 2  | 2007                       |             | Examiner Name                        | w                                     | . E. Tapolcai           | _            |              |
| Applicant claims small entity st   | tatus. See 37 CFR 1.       | 27          | Art Unit                             |                                       | 744                     |              |              |
| TOTAL AMOUNT OF PAYMENT  | (\$) 500.0                 | 0           | Attorney Docket                      | No. 12                                | 213_018                 |              |              |
| METHOD OF PAYMENT (chec  | ck all that apply)         |             |                                      |                                       |                         |              |              |
| Check Credit Card  | Money Order                | No          | ne Other (                           | please identif                        | ý):                     |              |              |
| X Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Marjama Muldoon Blasiak & Sullivan LLP |                            |             |                                      |                                       |                         |              |              |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)         |                            |             |                                      |                                       |                         |              |              |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                       |                            |             |                                      | e filing fee                          |                         |              |              |
| Charge any additional fee(s) under 37 CFR  |                            | yments o    | of X Credit                          | any overpay                           | ments                   |              |              |
| FEE CALCULATION  |                            |             |                                      |                                       |                         |              |              |
| 1. BASIC FILING, SEARCH, AND   | <b>EXAMINATION F</b>       | EES         |                                      | -                                     |                         |              |              |
|  | FILING FEES                |             | ARCH FEES                            | EXAMINA                               | ATION FEES Small Entity |              |              |
| Application Type Fee   | Small Entity (\$) Fee (\$) | Fee (\$     | Small Entity (5) Fee (\$)            | Fee (\$)                              | Fee (\$)                | Fees F       | aid (\$)     |
| Utility 30   |                            | 500         | 250                                  | 200                                   | 100                     |              |              |
| Design 20  | 00 100                     | 100         | 50                                   | 130                                   | 65                      |              |              |
| Plant 20   | 0 100                      | 300         | 150                                  | 160                                   | 80                      |              |              |
| Reissue 30   | 0 150                      | 500         | 250                                  | 600                                   | 300                     |              |              |
| Provisional 20   | 00 100                     | 0           | 0                                    | 0                                     | 0                       |              |              |
| 2. EXCESS CLAIM FEES   |                            |             |                                      |                                       |                         |              | Small Entity |
| Fee Description  | •                          |             |                                      |                                       |                         | Fee (\$)     | Fee (\$)     |
| Each claim over 20 (including Re   |                            |             |                                      |                                       |                         | 50           | 25           |
| Each independent claim over 3 (in  | icluding Reissues)         |             |                                      |                                       |                         | 200          | 100          |
| Multiple dependent claims  |                            |             |                                      |                                       |                         | 360          | 180          |
| Total Claims Extra Claims  | Fee (\$)                   | Fee         | Paid (\$)                            |                                       | tiple Depende           |              |              |
| - 20 =  HP = highest number of total claims paid   | X =                        | -           |                                      | Fee                                   | <u>(9)</u>              | Fee Pald (\$ | 7            |
| Indep. Claims Extra Claims   |                            | Fee         | Paid (\$)                            |                                       |                         |              | _            |
| - 3 =  | x =                        |             |                                      |                                       |                         |              |              |
| HP = highest number of independent cla   | ims paid for, if greater t | han 3.      |                                      |                                       |                         |              |              |
| 3. APPLICATION SIZE FEE  |                            |             |                                      |                                       |                         |              |              |
| If the specification and drawings  | exceed 100 sheets          | s of paper  | (excluding electr                    | ronically file                        | d sequence or           | computer     | 0            |
| listings under 37 CFR 1.52(e) sheets or fraction thereof. Se   | )), the application:       | size fee d  | ue is \$250 (\$125)                  | for small ent                         | iity) for each a        | aditional 5  | U            |
| 1  | eets Number                |             |                                      |                                       | Fee (\$)                | Fee          | Paid (\$)    |
| <u>Total Sheets</u> <u>Extra Sh</u><br>- 100 =   |                            |             | _ (round up to a wh                  |                                       |                         | =            |              |
| 4. OTHER FEE(S)  | /00 =                      |             | _ (reand april a min                 | ••• ••• • • • • • • • • • • • • • • • |                         | Fees         | Paid (\$)    |
| Non-English Specification, \$  | 130 fee (no small          | entity disc | count)                               |                                       |                         |              |              |
| Other (e.g., late filing surcharg  |                            |             |                                      |                                       |                         | 50           | 00.00        |
| SUBMITTED BY   |                            |             |                                      |                                       |                         |              |              |
| Signature /h/1/  | W. Holeur                  |             | Registration No.<br>(Attorney/Agent) | 29,162                                | Telephone               | (315) 42     | 5-9000       |
| Name (Print/Type) William W. Hat   |                            |             | Minelywheiri                         | -                                     | Date                    | August 1     |              |
| Tame ( Time 1) Por   |                            |             |                                      |                                       | <del></del>             |              | <u> </u>     |

| Express Mail, Airbill No. EM047974631 | Fee Transmittal th any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as US, on the date shown below in an envelope addressed to: . Box 1450, Alexandria, W. 22313-1450. |
|---------------------------------------|--|
| Dated: August 13, 2007                | Signature: Christine M. Holmes   |

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PTO/SB/31 (04-07) Approved for use through 09/30/2007. OMB 0651-0031

| National repersions reduction act of 1995,   | no nercone are required to respond to a collection of   | Trademark Office; U.S. DEPARTMENT OF COMMERCE<br>finformation unless it displays a valid OMB control number   |
|--|---|---|
| NOTICE OF APPEAL FROM  |   | Docket Number (Optional)  |
|  | PEALS AND INTERFERENCES   | 1213_018  |
|  | In re Application of  |   |
|  | Abbas A. Alahyari et al.  |   |
|  | Abbas A. Alanyan et al.   |   |
|  |   |   |
|  | Application Number  | Filed   |
|  | 10/752,134-Conf. #3921  | January 6, 2004   |
|  | i   | Y MERCHANDISER WITH IMPROVED  |
|  | AIR CURTAIN   |   |
|  |   |   |
|  | Art Unit  | Examiner  |
|  | 3744  | W. E. Tapolcai  |
|  |   |   |
| Applicant hereby appeals to the E  | Board of Patent Appeals and Interferences   | from the last decision of the examiner.   |
| 1  |   |   |
| The fee for this Notice of Appeal is   | s (37 CFR 41.20(b)(1))  | \$  |
| Applicant claims small entity  | status. See 37 CFR 1.27. Therefore, the   | fee shown   |
| above is reduced by half, and  | d the resulting fee is:   | \$  |
| A check in the amount of the   | e fee is enclosed.  |   |
| Payment by credit card. For  | m PTO-2038 is attached  |   |
| <del>                                    </del>  |   | ntion to a Donosit Aggregat   |
| The Director has already bee   | en authorized to charge fees in this applic   | ation to a Deposit Account.   |
| <b>!</b>   |   |   |
|  | orized to charge any fees which may be re   | quired, or credit any overpayment to  |
|  | <del>-0289</del> .  |   |
| A petition for an extension of   | ***   |   |
| 1  | f time under 37 CFR 1.136(a) (P10/SB/22   | ) is enclosed.  |
|  | f time under 37 CFR 1.136(a) (P10/56/22   | t) is enclosed.   |
| I am the   | ftime under 37 CFR 1.136(a) (P10/SB/22  |   |
|  | f time under 37 CFR 1.136(a) (P10/SB/22   | Will-W. Holaceo   |
| I am the applicant /inventor.  | -   |   |
| I am the applicant /inventor. assignee of record of the See 37 CFR 3.71. State   | entire interest.<br>ement under 37 CFR 3.73(b)  | Will-W. Holaceo   |
| I am the applicant /inventor.  | entire interest.<br>ement under 37 CFR 3.73(b)  | Will-W. Holesso Signature   |
| I am the applicant /inventor. assignee of record of the See 37 CFR 3.71. State is enclosed. (Form PTO  | entire interest.<br>ement under 37 CFR 3.73(b)<br>b/SB/96)  | William W. Habelt   |
| I am the applicant /inventor. assignee of record of the See 37 CFR 3.71. State is enclosed. (Form PTO x attorney or agent of record  | entire interest.<br>ement under 37 CFR 3.73(b)<br>b/SB/96)  | Signature  William W. Habelt  Typed or printed name   |
| I am the applicant /inventor. assignee of record of the See 37 CFR 3.71. State is enclosed. (Form PTO x attorney or agent of record Registration number  | entire interest.<br>ement under 37 CFR 3.73(b)<br>I/SB/96)<br>rd.<br>29,162   | Signature  William W. Habelt  Typed or printed name  (315) 425-9000   |
| I am the applicant /inventor. assignee of record of the See 37 CFR 3.71. State is enclosed. (Form PTO  | entire interest.<br>ement under 37 CFR 3.73(b)<br>I/SB/96)<br>rd.<br>29,162   | Signature  William W. Habelt Typed or printed name  (315) 425-9000 Telephone number   |
| I am the applicant /inventor. assignee of record of the See 37 CFR 3.71. State is enclosed. (Form PTO x attorney or agent of record Registration number  | entire interest.<br>ement under 37 CFR 3.73(b)<br>I/SB/96)<br>rd.<br>29,162<br>nder 37 CFR 1.34.  | Signature  William W. Habelt Typed or printed name  (315) 425-9000 Telephone number August 13, 2007   |
| I am the applicant /inventor. assignee of record of the See 37 CFR 3.71. State is enclosed. (Form PTO  x attorney or agent of record Registration number 2 attorney or agent acting un Registration number if acting   | entire interest.<br>ement under 37 CFR 3.73(b)<br>I/SB/96)<br>rd.<br>29,162<br>Inder 37 CFR 1.34.   | Signature  William W. Habelt Typed or printed name  (315) 425-9000 Telephone number August 13, 2007 Date  |
| I am the applicant /inventor. assignee of record of the See 37 CFR 3.71. State is enclosed. (Form PTO  x attorney or agent of record Registration number   | entire interest. ement under 37 CFR 3.73(b) b/SB/96) rd. 29,162 nder 37 CFR 1.34. g under 37 CFR 1.34.  | Signature  William W. Habelt Typed or printed name  (315) 425-9000 Telephone number August 13, 2007 Date  |
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